



The Association of Surgeons in Training

Objective: To assess adherence to previously published guidelines in acoustic neuroma screening. Acoustic neuromas commonly present with asymmetrical sensorineural hearing loss. Strict criteria for asymmetry have been developed to appropriately and cost-effectively scan (MRI) for this tumour.

Setting: Otolaryngology department of a teaching hospital with a tertiary referral lateral skull base practice.

Method: Review of 100 patients in whom MRI scans had been requested for asymmetrical sensorineural hearing loss was undertaken. Their audiograms were compared with guidelines giving specific audiometric criteria for scanning previously published by our department 6 years previously.

Results: whilst the protocol was adhered to in many cases, there was a significant number in which scans were inappropriately requested, as the asymmetry did not meet the expected audiometric criteria. This may be due to frequent turnover of junior staff, which has increased in recent years.

Conclusion: A re-education programme was undertaken and new staff will be made aware of the guidelines at their departmental induction. Appropriate requests for MRI scans will have cost savings and prevent unnecessary patient anxiety.

THE LYMPH NODE YIELD OF NECK DISSECTIONS – IS THERE A DIFFERENCE BETWEEN CONSULTANT SURGEONS AND SPECIALIST REGISTRARS?

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Aims: To compare the lymph node yield in neck dissections carried out by consultant surgeons and specialist registrars at a single centre.

Methods: Retrospective analysis of 80 neck dissections over 4 years for total number of lymph nodes excised in each of the cervical oncological levels. For each year, the last 10 neck dissections carried out by specialist registrars during their one year training at the centre were analyzed, with the last 10 neck dissections carried out by consultant surgeons. Eight registrars at different stages of training and three consultant head and neck surgeons were used. Comparison was made between the two groups for each of the six oncological levels (and sub-levels).

Results: Independent t-test analysis showed there were no statistically significant differences in lymph node yield for any oncological levels between consultant surgeons and specialist registrars ($p > 0.05$). The most notable difference, albeit non-significant, was for Level III lymph nodes, with consultants yielding a mean 6.5 lymph nodes ($n = 38$) and registrars yielding 4.5 lymph nodes ($n = 24$) ($p = 0.08$).

Conclusion: The lymph node yield of neck dissections carried out by specialist registrars towards the end of their year of head and neck training does not differ significantly from consultants.

GALLBLADDER ASPIRATION ROUTINELY FOR LAPAROSCOPIC CHOLECYSTECTOMY

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Objectives: A meta-analysis of published literature comparing outcomes after aspirating (ASP) the gallbladder versus non-aspiration (NASP).

Methods: Electronic databases were searched from January 1985 to November 2009. A meta-analysis was performed to obtain a summative outcome.

Results: Two randomized controlled trials involving 360 patients were analyzed. 180 patients were in the ASP group and 180 in the NASP group. There was no significant increase in operative time in the ASP group compared with the NASP group [random effects model: SMD = -0.72, 95% CI (-2.16, 0.71), $z = 0.99$, $df = 1$, $p = 0.32$] but there was significant heterogeneity amongst trials [$Q = 42.4$, $p < 0.001$, $I^2 = 98\%$]. Patients undergoing ASP were less likely to have a gallbladder perforation [random effects model: RR = 0.42, 95% CI (0.19, 0.96), $z = 2.05$, $df = 1$, $p < 0.05$] but no difference was found regarding the loss of gallstones [random effects model: RR = 1.33, 95% CI (0.30, 5.85), $z = 0.38$, $df = 1$, $p = 0.70$]. No difference was seen for liver bed bleeding [$p = 0.43$] or overall 30 day infection rates [$p = 0.66$].

Conclusions: Aspiration of the gallbladder is safe and gallbladder perforation rates may be less.

DIAGNOSIS AND SURGICAL MANAGEMENT OF FREE-FLOATING THROMBUS WITHIN THE CAROTID ARTERY

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Objective: Free-floating thrombus (FFT) of the carotid artery is a rare condition of currently unknown aetiology. Less than 150 cases have been described in the published world literature to date.

Design and Setting: We present 6 consecutive cases of carotid FFT, identified prospectively from 5,000 carotid duplex scans over a 30 month period in a single tertiary centre for vascular surgery.

Results: All 6 cases involved the left carotid bifurcation in neurologically symptomatic individuals. All patients underwent extensive clinical imaging which highlighted the dynamic nature of this condition with rapidly evolving symptoms and signs. In 5 of the 6 cases, FFT occurred in the absence of a significantly stenosing atheromatous plaque and was not associated with an elevation in velocity on duplex. The patients were all treated with surgical thromboendarterectomy with good result.

Conclusions: Guidelines for treatment of FFT in the carotid arterial system are lacking. Duplex imaging can underestimate the degree of stenosis. FFT presents a challenge in diagnosis due to the rapidly evolving nature of its pathophysiology and detection by imaging modalities. The management of FFT by acute thromboendarterectomy appears to be safe and effective in limiting further focal neurological sequelae.

THE FREQUENCY AND ACCURACY OF PRE-OPERATIVE ENDOSCOPIC TATTOOING OF COLORECTAL LESIONS

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Background: Localisation of small tumours during laparoscopic colorectal surgery is known to be difficult. Colonoscopic tattooing is considered an effective method of pre-operative tumour localisation. This study assesses the frequency and accuracy of tattooing.

Methods: From our laparoscopic colorectal database, data over a 12 month period (April 2008– March 2009) including details on tattoo documentation, visibility and accuracy, was retrieved and analysed retrospectively.